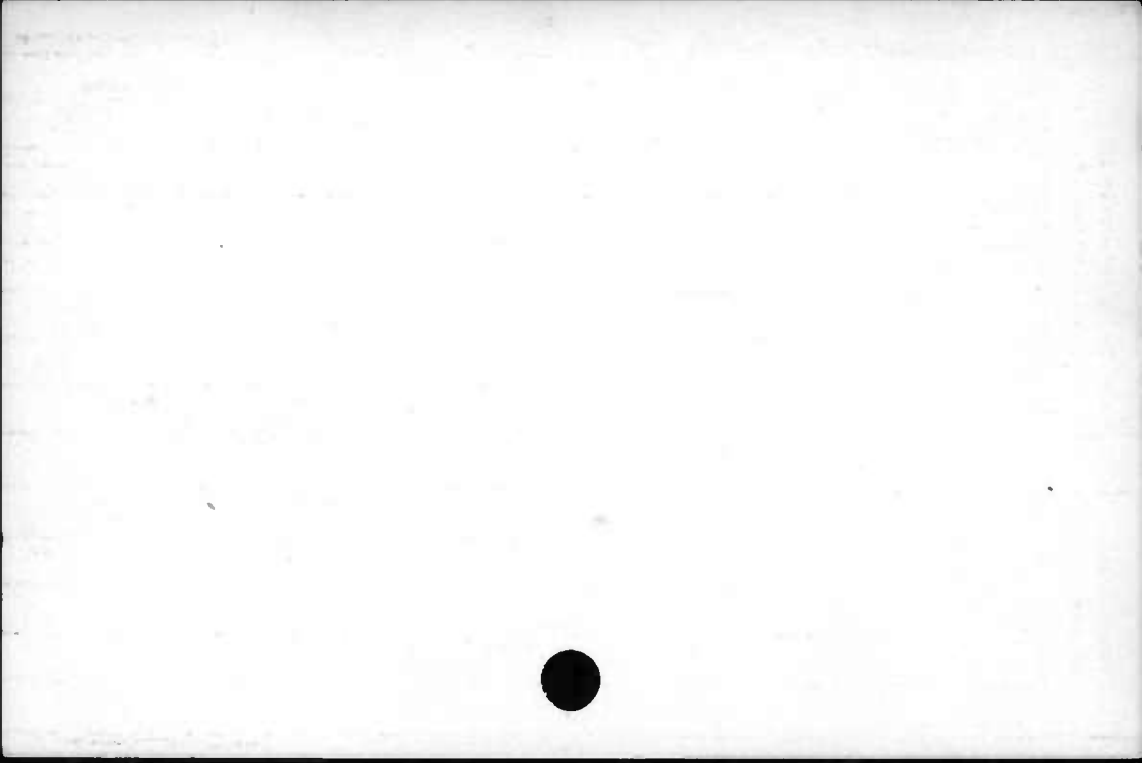


Name in Full		Elyahtha Morris Blapis Lw				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		River Springs		St. Marys		MARYLAND		
		Date of death		1906	Month	7	Day	25
		Age		Years		Months		
		Sex		Female		Color or Race		
		White		Birth place		md		
		Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Robert Blapis Lw				Father's Birthplace		
Mother's Maiden Name		Genevieve Smith				Mother's Birthplace		
Name of person giving information		Robert Blapis Lw				How related to deceased		
		Robert Blapis Lw				Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Malaria		How long		
		Immediate		Convulsions		3 weeks.		
		Are the name, age, sex, color, date and place correctly given above?		yes.		How long		
						24 hours.		
		Signature of Physician		Rt. V. Palmer				
		Address		Palmer				
		Accident or Suicide?				md		



Name in Full

Certificate of Death

Thomas Booth

Town

County

Died at

MARYLAND

Date 1906,

Month

Day

Y.

M.

D.

Native of

Occupation

July 30

Age

24 - -

Maryland

Farmer,

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

Joseph Booth

Emily Waller

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

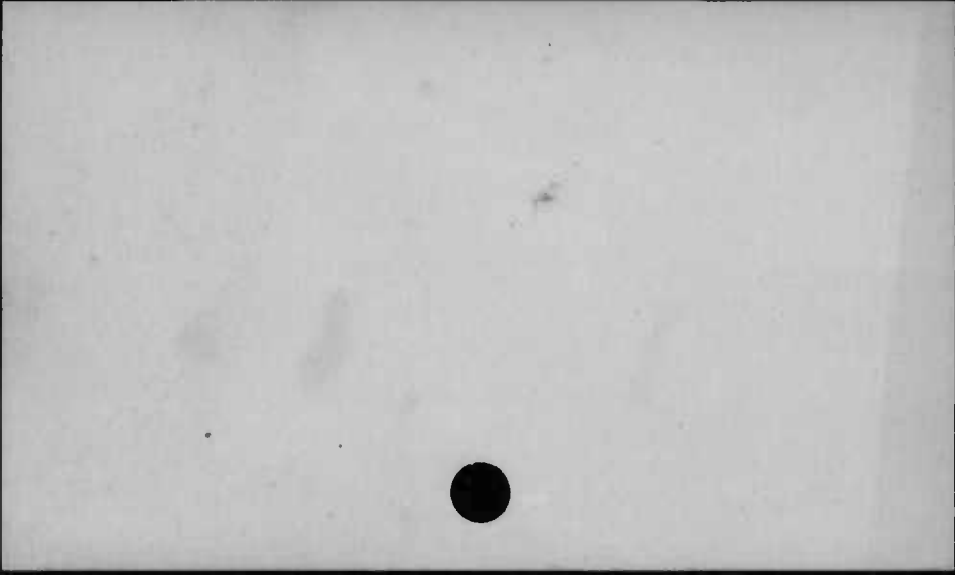
Reported by

T. Hopper Lynch, M.D.,

Address

Valley Lee, St. Mary's Pk.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James Bowling

Town

Died at

Charlotte Hall

County

St Marys

Date

of death

1906

Month

July

Day

21

Age

Years

18

Months

6

Days

Sex

Male

Color or
Race

Colored

Birth-
place

St Marys Co.

Occupation

Laborer

Where Residing If not
at place of death

Near Charlotte Hall

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Bowling

Father's
Birthplace

St Marys Co

Mother's
Maiden Name

Amelia Sherley

Mother's
Birthplace

St Marys Co

Name of person giving
In formation

Robert Terry

How related
to deceased

X

CAUSES OF DEATH

Primary

Typhoid fever

How long

Cousin

Four months

Immediate

Exhaustion

How long

Three days

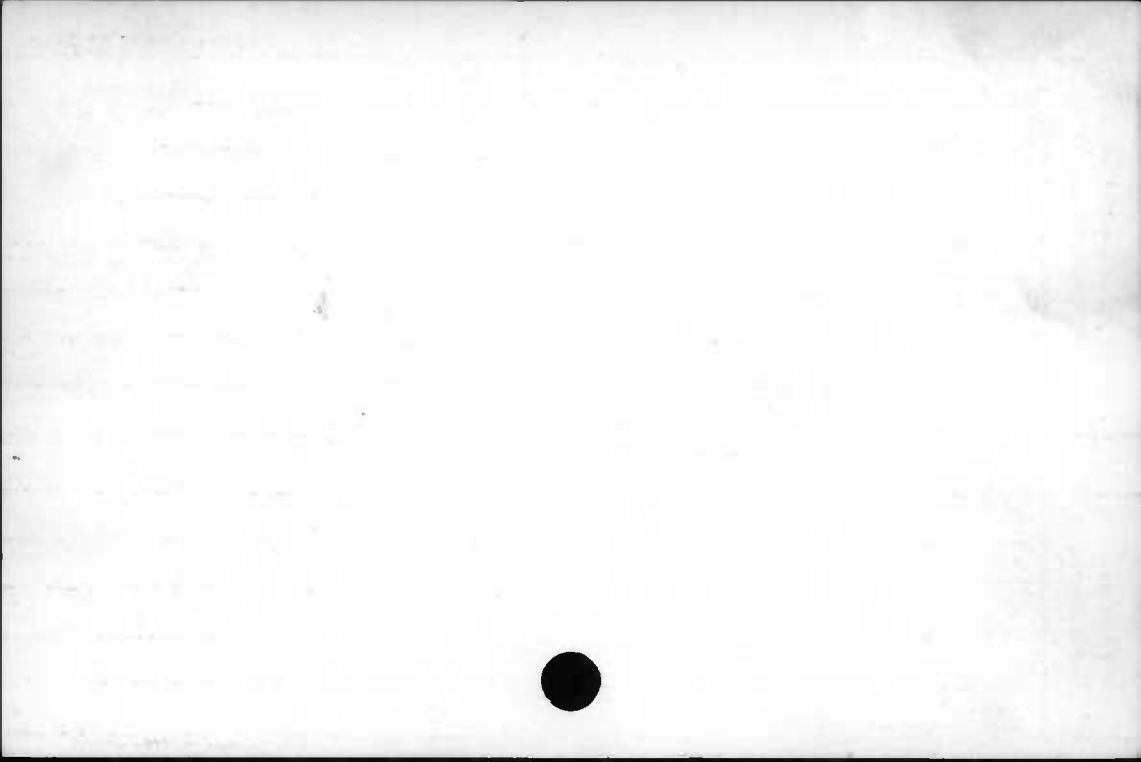
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Lynn J. Sothorn

Address

Charlotte Hall Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Charlotte Hall. St. Mary's* ^{Town} ^{County.}

Date of death *1906* ^{Month} *July* ^{Day} *16th* ^{Years} *58* ^{Age} *3* ^{Months} ^{Days}

Sex *Female* Color or Race *Colored* Birth-place

Occupation *Lundress* Where Residing if not at place of death

~~Married, Single or Widowed~~ *widowed* Name of Wife or Husband

Father's Name *Agustav Briscoe 55* Father's Birthplace

Mother's Maiden Name *Malinda Jane Briscoe 58* Mother's Birthplace

Name of person giving information *Hattie Johnson 22* How related to deceased

CAUSES OF DEATH

(27)

Primary *Pulmonary Tuberculosis* How long *Six months*

Immediate *Exhaustion* How long *Four days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Leon J. Gorthorn*

Address *Charlotte Hall Md.*

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Bunch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chambers</i> Town		<i>Annapolis</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>6</i>	Age <i>27</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Annapolis</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm Bunch</i>				
Father's Name	Fether's Birthplace				
Mother's Maiden Name <i>Mrs Latham</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Wm Bunch</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Lynch</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	<i>and</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Anna Beatrice Carter</i>		Town <i>Priest Springs</i>		County <i>St. Mary's</i>			
Died at							
Date of death	1906	Month	7	Day	30	Years	1
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>ind</i>		Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Richard S. Carter</i>				Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Rosaline Carter</i>				Mother's Birthplace <i>ind</i>			
Name of person giving information <i>John W. Carter</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. V. Palmer</i>	
<i>yes</i>		Address <i>Palmer</i>	
Accident or Suicide?		<i>ind</i>	



Name
in
Full

H. A. Dixon

CERTIFICATE OF DEATH

MARYLAND

Died at Sandysville

Town

St. Mary's

County

Date of death 1906 July

Month

Day 15

Age

Years

Months 4

Days

Sex Male

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

J. Thos. Dixon

Father's
Birthplace

Ind

Mother's
Maiden Name

Lydia Jones

Mother's
Birthplace

Ind

Name of person giving
Information

Eddie Jones

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Phlebotomy

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

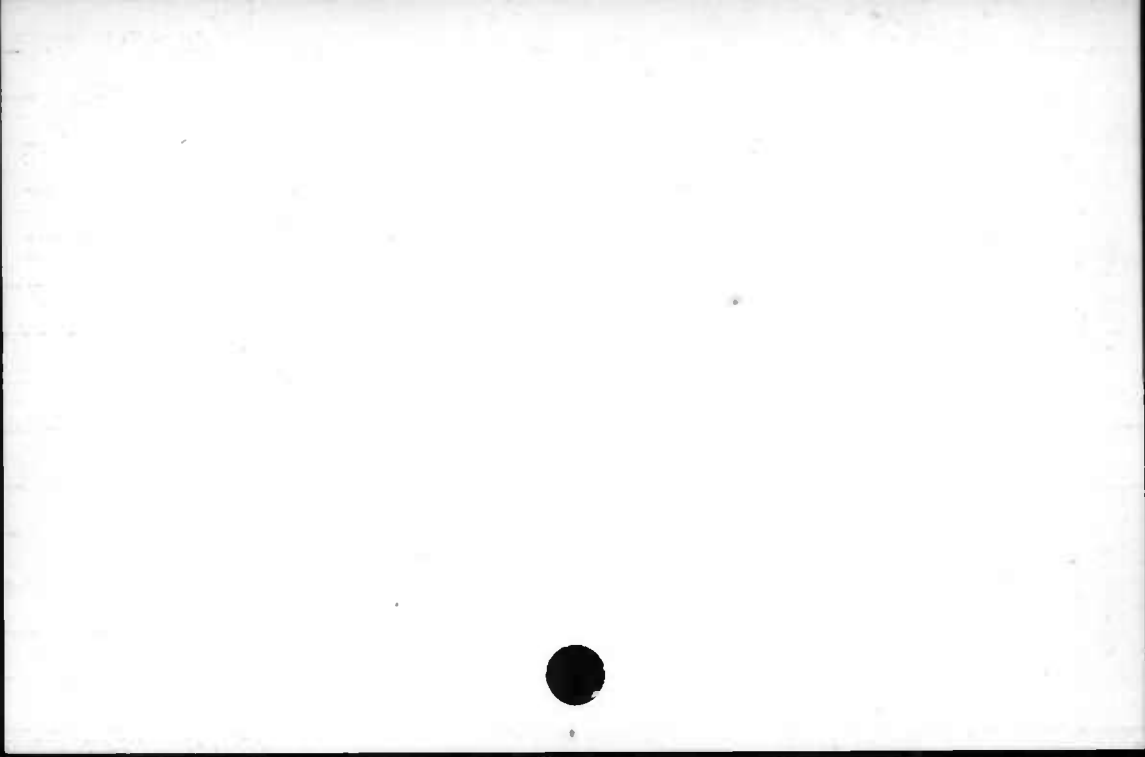
yes

Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Coburn* ^{Town}*St. Marys* ^{County}Date of death *1906* ^{Month} *July*Day *7*Age *78* ^{Years}Months *10*Days *12*Sex *Male*Color or Race *Colored*Birth-place *MA*Occupation *Retired Soldier*Where Residing if not at place of death *-*Married, Single or Widowed *Married*Name of Wife or Husband *Rosa Forbes*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Lewis Jordan*

How related to deceased

CAUSES OF DEATH

Primary *Cardiac Asthma*How long *5-6 years*

Immediate

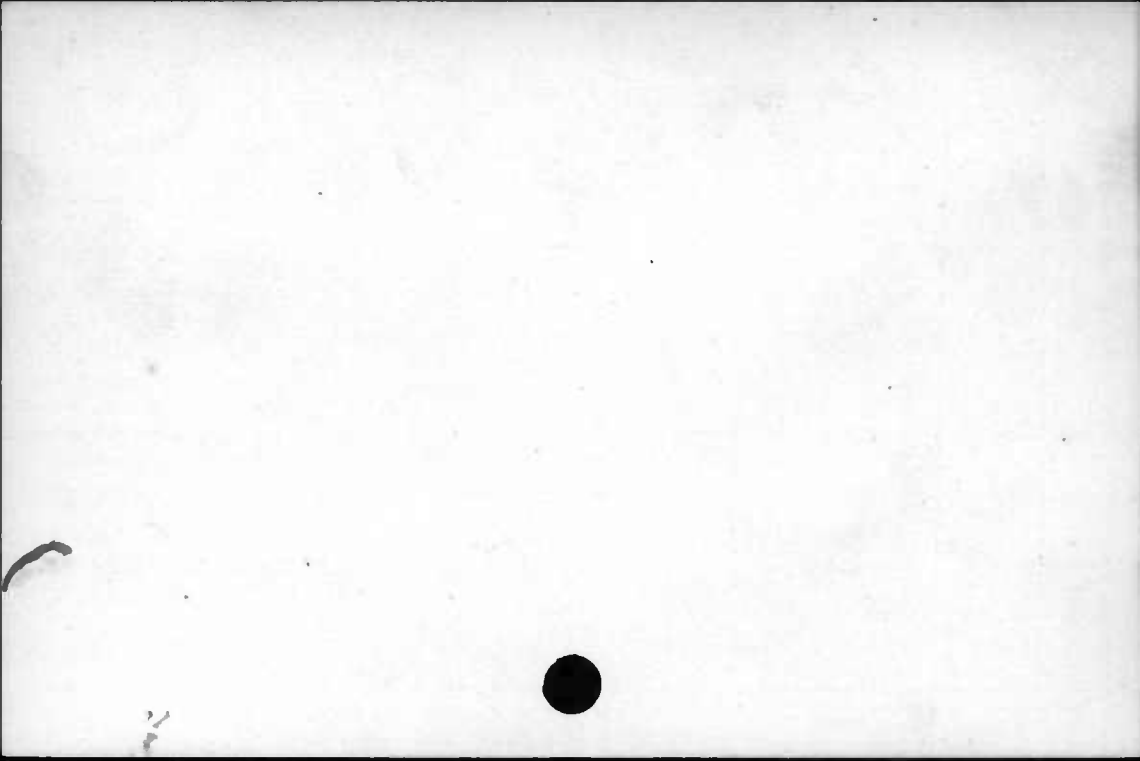
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John K. Greenwell* Town *Clements* County *St. Marys*

Died at *Clements*

Date of death *1906* Month *July* Day *23* Age *86* Years Months *9* Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Farmer* Where Residing If not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mamie Davis*

Father's Name *Edmund Greenwell* Father's Birthplace

Mother's Maiden Name *Rebecca Greenwell* Mother's Birthplace

Name of person giving information *Mrs N. Greenwell* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

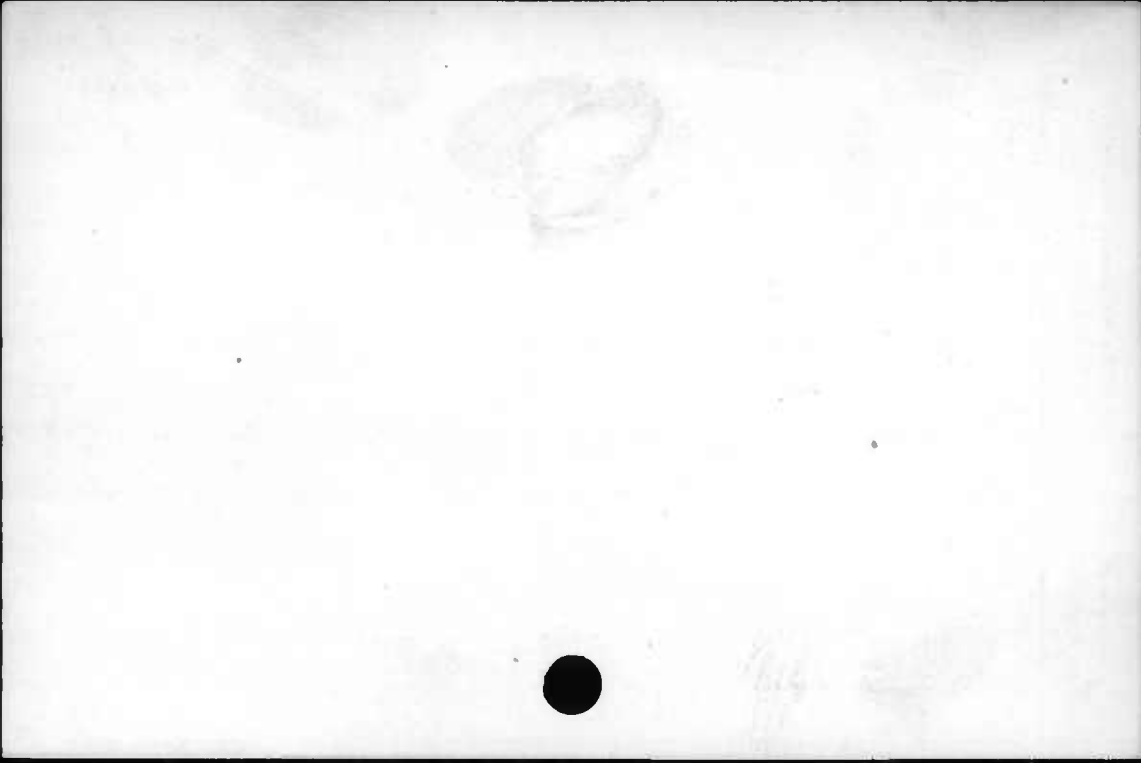
Primary *Dysentery -* How long *10 days*

Immediate *Physical Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. B. Johnson*

Address *Maryanza*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

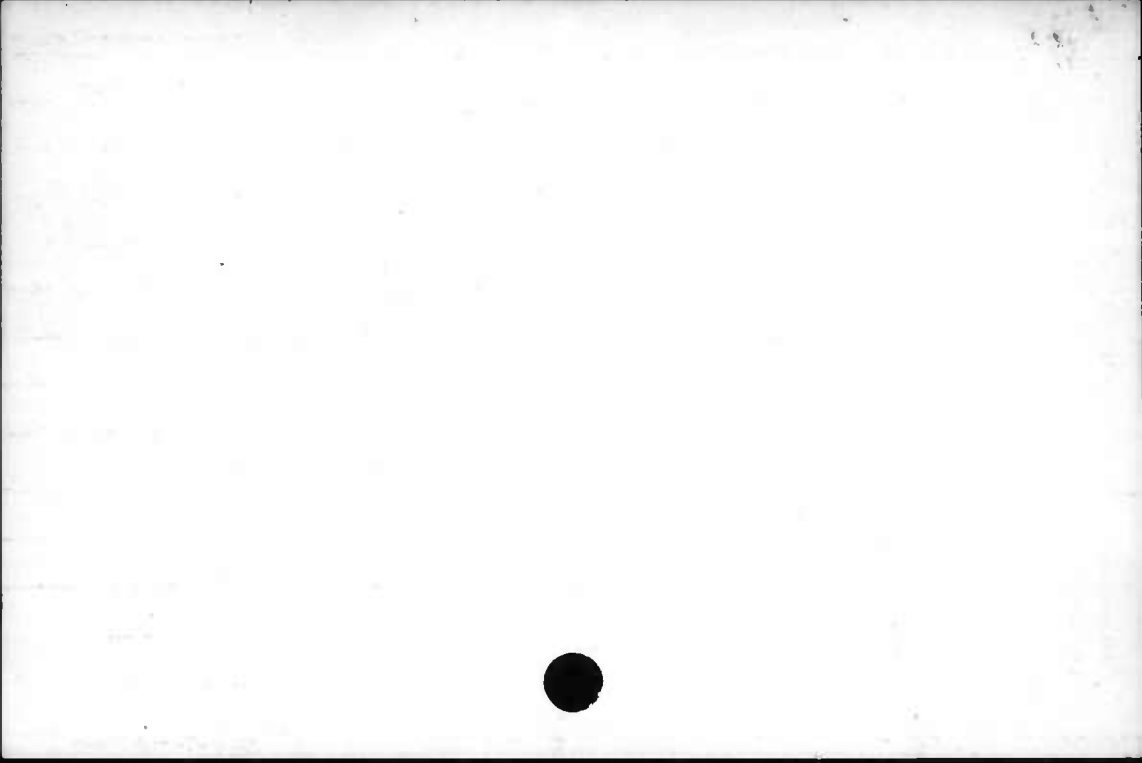
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary L. Hice</i>		Town <i>Freeport</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Freeport</i>		Date of death <i>1906 July 15</i>		Age <i>3</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>John Lofredo Hice</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>M. S. Mattingley</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>J. L. Hice</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Fever</i>	<i>(116)</i>	How long <i>6 days</i>
Immediate <i>Peritonitis</i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. D. King</i>
<i>sign as I heard</i>		Address <i>Post Office Ind</i>
Accident or Suicide? <i></i>		



Name
in
Full

Mary Elizabeth Key

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Charlotte Hall* *St Mary's* CountyDate of death 190*6* Month *July* Day *26* Age *50* Years Months DaysSex *Female* Color or Race *colored* Birthplace *Charles Co. Md.*Occupation *House Keeper* Where Residing if not at place of death *near Charlotte Hall*Married, Single or Widowed *married* Name of Wife or Husband *Benjamin Key*Father's Name *John Shirley* Father's Birthplace *St Mary's Co.*Mother's Maiden Name *Martha Conlee* Mother's Birthplace *Charles Co. Md.*Name of person giving information *Benjamin Key* How related to deceased *Husband*

CAUSES OF DEATH

46

Primary *Abdominal Tumor.* How long *week.*Immediate *Heart Collapse due to pressure* How long *one day*

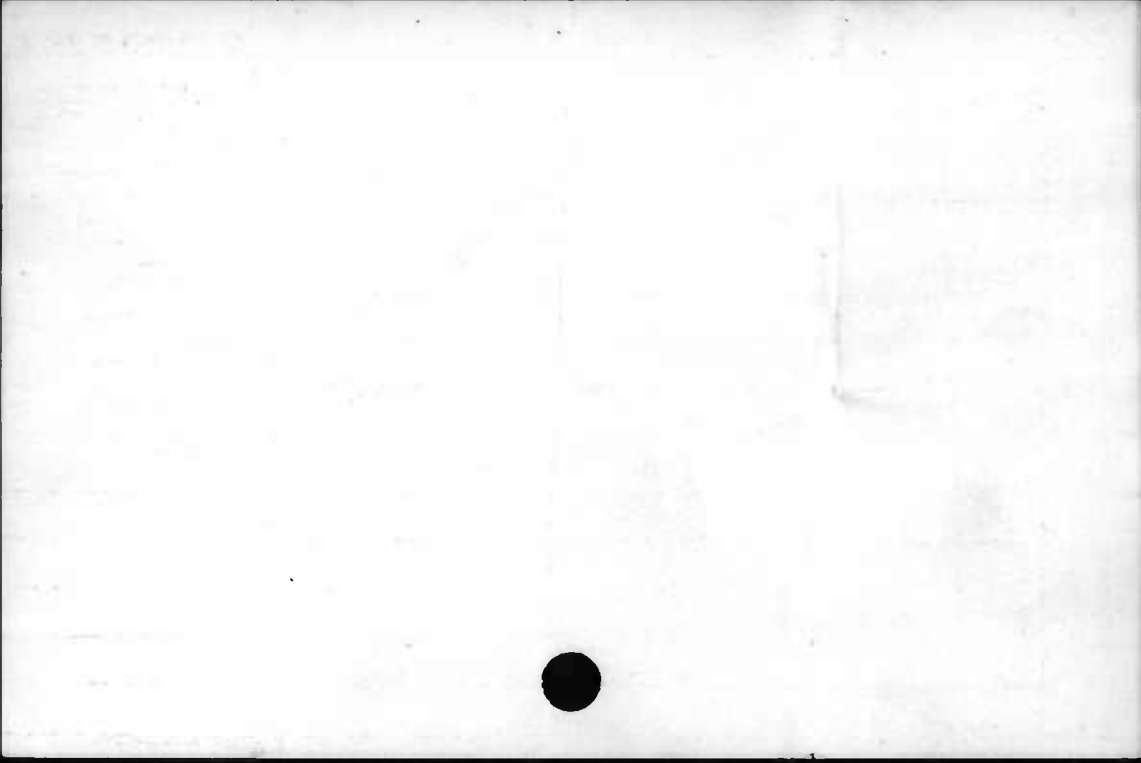
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Levin J. Sosthoron**Charlotte Hall Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

William Clements Lippelt

CERTIFICATE OF DEATH

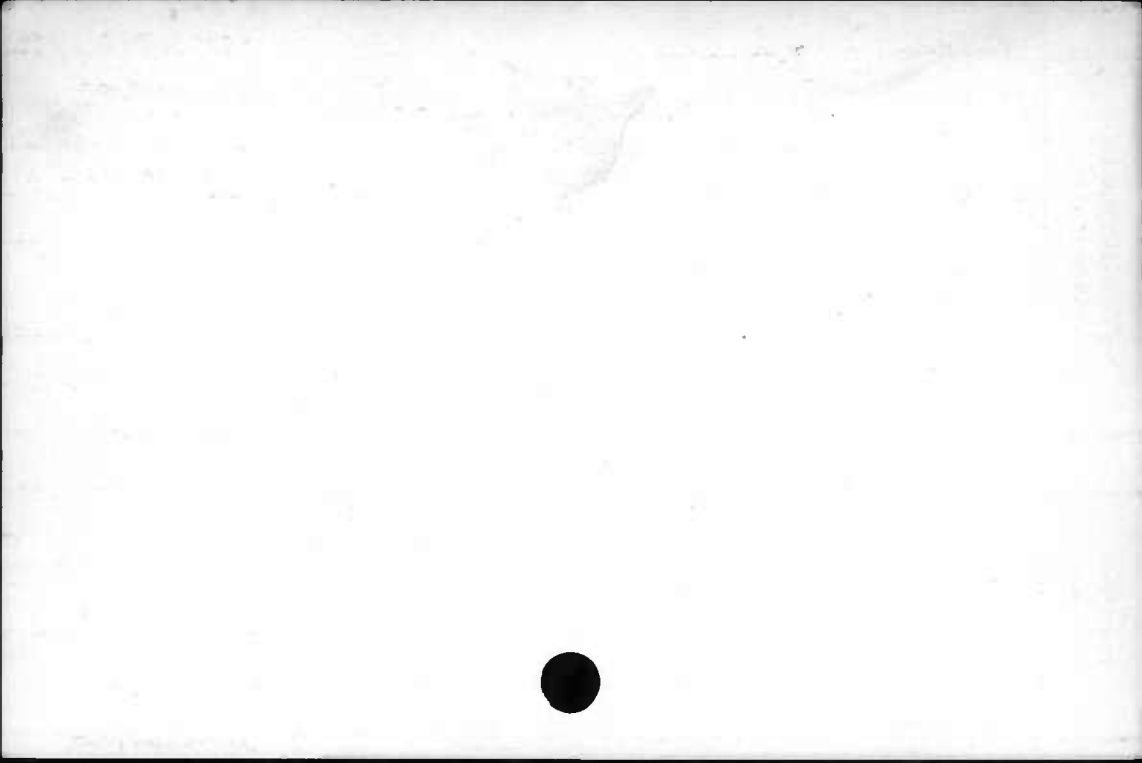
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Madison</u> ^{Town}		<u>St. Mary's</u> ^{County}		MARYLAND	
Date of death	1906	Month	7	Day	18
Age		Years	1	Months	11
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William Lippelt</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Elizabeth Mary Ann</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>William Lippelt</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>measles</u>	How long	<u>8</u>
Immediate	<u>Enteritis</u>	How long	<u>6</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Roll V. Palmer</u>	
		Address <u>Palmer</u>	
Accident or Suicide? <u>no</u>			



Name In Full		Millard Rae				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Tcwn St. Louis		County St. Mary's		MARYLAND
	Date of death	1906	Month July	Day 21	Years one	Months 4	Days 6
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Stone		Where Residing If not at place of death		St. Mary's Co.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George W. Rae				Father's Birthplace	Maryland
	Mother's Maiden Name	Mamie Talton				Mother's Birthplace	Maryland
Name of person giving In formation	George W. Rae				How related to deceased	Talton	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	48 hours
	Immediate	Collapse				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				N. Hooper Lynch, M.D. Valley Lee St. Mary's Cond.		

